

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: RAMSEY WOODS RESIDENCE (310247)

Address: 3210 E RAMSEY AVE, CUDAHY, WI 53110

License Status: REGULAR

Licensed/Certified/Registered 03/17/1996

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095676 **End Date:** 09/27/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: # Served 10/12/2005

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

Survey ID: 0092795 **End Date:** 06/10/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008717 Served 06/14/2004

Deficiencies Cited

Subject Area

Compliance
Verified

Corrected

50.065(2)(b)intro

ENTITY BACKGROUND CHECK REQUIREMENTS

83.32(2)(a)

INDIVIDUALIZED SERVICE PLAN-SCOPE

83.33(2)(h)2

MEDICAL SERVICES DOCUMENTED IN RECORD

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History			
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Date: 10/06/2005	SOD #	Appealed: Yes	Decision: STIPULATION
<u>Sanctions</u>			

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Complaint History

Date Complaint Received: 06/06/2005

Date Investigation Completed: 09/27/2005

Subject Area(s)
SUPERVISION

Result
SUBSTANTIATED

SOD #

Date Complaint Received: 05/16/2005

Date Investigation Completed: 09/27/2005

Subject Area(s)
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #

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